



Division of Motor Carriers

07/2011

U-DRIVE-IT REFUND APPLICATION

MAIL TO:

Division of Motor Carriers
U-Drive-It Section
P.O. Box 2007
Frankfort, KY 40602-2007

Name of Business	()	
	Enter Exact Name as it Appears on Your Permit	Telephone Number
Location of Business		
	P O Box or Number & Street	City or Town State ZIP Code
	<p>(1) U-Drive-It Number under which tax was paid to the Kentucky State Treasurer. _____</p> <p>(2) Period(s) in which tax was reported and paid. _____ <i>Attach detailed schedule if more than one period involved.</i></p> <p>(3) Amount of tax refund requested. _____</p> <p>(4) Vehicle Identification Number in which refund is requested. _____ <i>If more than one attach a listing of VINs with breakdown of amounts.</i></p> <p>(5) Explain in detail the reason(s) for refund. Attach schedule and copies of title paperwork, lease termination, bill of sale, and/or proof of overpayment. Attach separate sheet if necessary. _____ _____</p>	
Instructions	<p>(1) This application must be completed in order for consideration to be given to the refund request. Substitutions will not be accepted, nor will they preserve your rights to a refund.</p> <p>(2) Claims for refunds or credits must be filed within four years from the date the tax was paid to the State Treasurer. After the statute of limitations has expired, no claims for refunds or credits will be considered.</p> <p>(3) Supporting documentation must be submitted before any refund request will be considered. If no supporting documents are attached, no claims for refunds or credits will be considered.</p> <p>(4) Mail completed application to the Department of Transportation, Division of Motor Carriers/U-Drive-It Section, P.O. Box 2007, Frankfort, Kentucky 40602.</p>	

I, the undersigned, declare under the penalties of perjury that I have examined this application (including any attached schedules) and to the best of my knowledge and belief, the statements contained herein are true, complete and correct, and that I am duly authorized to sign this application. It is understood that the books and records supporting this refund application must be maintained for a period of four years from the date the refund is issued and are subject to audit at the discretion of the Department of Transportation. I, the undersigned, consent and agree that any excess amount refunded pursuant to this application shall be recovered within the four years from the date the refund is issued. The undersigned certifies that no tax liability of any kind is due or owing the Commonwealth of Kentucky by this applicant.

Signed _____

Title _____

Name _____

Date _____